

1641



PTO/SB/21 (08-00)

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# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	09/185,318
Filing Date	November 3, 1998
First Named Inventor	Reichert et al.
Group Art Unit	1641
Examiner Name	C. Chin
Attorney Docket Number	0274.02-2978.1US ()

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## ENCLOSURES (check all that apply)

- ☒ Postcard receipt acknowledgment (attached to the front of this transmittal)
- ☒ Duplicate copy of this transmittal sheet in the event that additional filing fees are required under 37 C.F.R. § 1.16
- ☐ Preliminary Amendment
- ☐ Response to Restriction Requirement/Election of Species Requirement dated
- ☒ Response to office action dated May 21, 2002
- ☐ Amendment under 37 C.F.R. § 1.116 in response to final office action dated
- ☐ Additional claims fee - Check No. in the amount of \$
- ☐ Letter to Chief Draftsman and copy of FIGS. with changes made in red
- ☐ Transmittal of Formal Drawings
- ☐ Formal Drawings ( sheets)

- ☐ Information Disclosure Statement, PTO/SB/08A (08-00); ☐ copy of cited references
- ☐ Supplemental Information Disclosure Statement; PTO/SB/08A (08-00); copy of cited references and Check No. in the amount of \$180.00
- ☐ Associate Power of Attorney
- ☒ Petition for Extension of Time and Check No. 3358 in the amount of \$460.00
- ☐ Petition
- ☐ Fee Transmittal Form
- ☐ Certified Copy of Priority Document(s)
- ☐ Assignment Papers (for an Application)

- ☐ Terminal Disclaimer
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Remarks

The Commissioner is authorized to charge any additional fees required but not submitted with any document or request requiring fee payment under 37 C.F.R. §§ 1.16 and 1.17 to Deposit Account 20-1469 during pendency of this application.

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Brick G. Power	Registration No. 38,581
Signature		
Date	November 21, 2002	

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I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, Washington, D.C. 20231 on the date shown below.

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